BEST AVAILABLE CORY

09/943730

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

21491049

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA											TUAN	
TOTAL CLAIMS			(Colum	(Column 1)		(Column 2)		TYPE		OR	OTHER THAN SMALL ENTITY	
			15					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = 1		*	*		X42=		OR	X84=	
L	ULTIPLE DEPE	NDENT CLAIM F	RESENT					+140=		OR	+280=	
* !	f the differenc	e in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL		OR	TOTAL	21/0
· ·	10/~	CLAIMS AS A	MENDED - PART II						On	OTHER	THAN	
_	.26.04	(Column 1)		(Colur		(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1 ,	Minus			=]	X\$ 9=		OR	X\$18=	
AM	Independent	<u> </u>	Minus C	DENDENT	CLAIRA] [X42=		OR	X84=	
The state of the s									an eff.	OR	+280=	ेच अने होते के स्टब्स्ट्रोड़ी के
TOTAL										00	TOTAL	
ADDIT. FEEUN ADDIT. FEE										ADDIT. FEE		
0		CLAIMS REMAINING		HIGH NUME	EST		ÌΓ	,	ADDI-	Ī		ADDI-
AMENDMENT B		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Ttal	•	Minus	**		E	JΓ	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	01.444	=		X42=		OR	X84=	
	THO THESE	STATION OF MIC	DETIFIE DEF	PENDENT	CLAIM		』	+140=		OR	+280=	
:	TOTAL										TOTAL	
		(Column 1)		(Oal				DDIT. FEE L		OR ,	DDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=		X\$ 9=		<u>,</u> t	X\$18=	FEE
	Independent	*	Minus	***		=		X42=		OR		
`	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		-	A42=		OR	X84=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEE OF											TOTAL DDIT. FEE	
1	he "Highest Num	moer Previously Paid ber Previously Paid	For (Total or	o orace is independer	ress than nt) is the h	ਤ, enter "3." ighest numbei	_		opriate box i			